

## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

Registration for 2005

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 AUG -4 A9:45

STATE OF HAM SHEET ATE ETHICS COMM SSE

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) **PART I LOBBYIST** NAME(Last) (First) (Middle) TELEPHONE: (808) 848-4170 HAYASHI **DENISE** FAX: (808) 842-4703 MAILING ADDRESS (Street) 1525 BERNICE STREET (City) (State) (Zip Code) 96817 HONOLULU **HAWAII** EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** FAX MAILING ADDRESS (Street) (City) (State) (Zip Code)

		A STATE OF THE STA
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FO	TELEPHONE: (808) 848-4102	
		·
BISHOP MUSEUM		
MAILING ADDRESS (Street)		FAX: (808) 841-8968
1525 BERNICE STREET		
(City)	(State)	(Zip Code)
(Oily)	(otato)	(=:, = = = = ;
HONOLULU	HAWAII	96817
NAME OF PERSON RESPONSIBLE FOR PREP	TELEPHONE: (808) 848-4170	
DENISE HAYASHI		
DENIGETIATAOTI		
MAILING ADDRESS (Street)		FAX: (808) 842-4703
1525 BERNICE STREET		
1929 BERNICE STREET		
(City)	(State)	(Zip Code)
	11010/011	96817
HONOLULU	HAWAII	90017

PAR	TIII DESCRIPTION	OF SUBJECTS UPON WHIC	H YO	U EXPECT TO LOBBY			
[]	Agriculture		[ ]	Human Services	[]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[ ] Government Operations & Finance	[ ]	Intergovernmental Relations, International Affairs	[]	Tourism & Recreation	
[ ]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	Labor & Employment	[ ]	Transportation	
ιX	Culture, Arts, Historic Preservation	[ ] Health	[]	Planning, Land & Water Use Management	[ ]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protection	[ ] Housing	[ ]	Public Safety & Corrections			
PAR		N OF LOBBYIST					
	I hereby certify that the	information furnished above	is, to t	he best of my knowledge,	corre	ct and complete.	
					6	128/05	
<u> </u>	S-15-11-11-11-11-11-11-11-11-11-11-11-11-	(Signature of Lobbyist)				(Date)	
		(Signature of Lobbyist)				(Date)	
PAR	T V AUTHORIZATIO	N TO LORRY					
NAME		NA TO LOBB!	TIT	LE OF AUTHORIZING OFFICE	R OR I	PERSON REPRESENTED	
' ' ' ' ' '	•						
William Y. Brown President							
NAME OF ORGANIZATION (if applicable)				TE	TELEPHONE		
Bishop Museum				8	848-4102		
MAILI	NG ADDRESS (Street)			FA	X		
152	?5 Bernice Street			8	41-89	68	
(City) (State) (Zip				(Zip Code	<del>======</del>		
Но	Honolulu HI		968	96817			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
7-8-05							
(Signature of Authorizing Officer or Person Represented) (Date)							